Letter to the editor

Revision of the Staff Observation Aggression Scale (SOAS): comment on Hallstein et al.

To the editor:

We would like to make some comments on the extended Staff Observation Aggression Scale (SOAS-E) presented by Hallstein et al. (1).

The Staff Observation Aggression Scale (SOAS) was originally presented and evaluated in 1987 (2). For some years now, the further development, psychometric properties and clinical use of the SOAS have been a major focus of our research (e.g. 3–7).

According to Hallstein et al. (1), the SOAS-E was developed because 'the original SOAS form appeared to be inadequate for characterization of aggressive incidents' (1; p.424). Unfortunately, the nature of these inadequacies is not discussed further in the paper. Surprisingly, the SOAS-E emphasizes even more than the original SOAS inadequate factors. In their attempt to characterize aggressive behaviour more accurately the authors add another item (column) to the SOAS, in which behavioural changes taking place in the hour before the aggressive incident are recorded. In our view, this procedure adds inadequate information to the characterization of the single episode of aggression.

The fact that the original SOAS collects data on triggering factors related to aggressive behaviour differentiates this scale (among other things) from other observer aggression scales. The specific registration of aggression-provoking factors may increase the staff’s awareness of risk factors, and thus it may constitute an aggression-reducing intervention by itself (5). Adding a column to the SOAS, in which warning signals not immediately associated with the aggressive act are scored (1), may indeed further increase this awareness of aggression-provoking risk factors. However, the SOAS was originally designed to characterize aggressive incidents, rather than to record associated changes in the psychiatric condition of the patient prior to aggression. The addition of warning signals such as those described by Hallstein et al. (1) in a separate column of the SOAS may reduce the general applicability of the scale to special patient settings and selections. Moreover, it is questionable whether the warning signals described, such as ‘verbal expression of anger’ and ‘bodily expression of anger’ (1; p.426), can be distinguished from the original item ‘means’, which includes assessment of actual verbal and physical aggression, i.e. the warning signal should not be recorded as a warning signal but rather as an aggressive act per se.

Hallstein et al. (1) also state that the SOAS, unlike other rating scales, cannot be used to record the location of aggressive incidents. However, the attachment of a ward map to the SOAS has been used in several previous research studies. Such a procedure is described in detail in, for example, the April/June 1997 issue of the European Journal of Psychiatry (6). In this paper the inter-reporter reliability of the SOAS is presented, information which is not provided in the presentation of the SOAS-E (1).

Our own research has led to the development of a revised version of the SOAS, namely the SOAS-R (7). In the construction of the SOAS-R, severity scores from the original SOAS were validated by comparing these scores with severity judgements of staff members concerning 556 aggressive incidents recorded on six closed wards of two Dutch psychiatric hospitals and one Belgian psychiatric hospital (7). Furthermore, registration of auto-aggressive behaviour is added to the SOAS-R. Unlike the OAS (8), MOAS (9) and SAAAB (10), the SOAS was not originally designed to include auto-aggressive behaviour (2, 3) since this might have complicated the initial psychometric testing of the instrument (3). We believe that the SOAS-R in this revision better characterizes the nature and frequency of aggressive incidents as well, as it provides a more reliable and and discriminating estimate of the severity of aggressive behaviour than the SOAS-E. We believe that these changes will allow researchers to evaluate the effects of preventive measures in a more standardized way than before. We believe that the SOAS-E (1) fails in these and several other respects.

References

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The above letter has been presented to the authors of the article, 'The extended Staff Observation Aggression Scale (SOAS-E): development, presentation and evaluation', published in *Acta Psychiatrica Scandinavica* 1998; 97: 423–426. The authors have no comments.

Povl Munk-Jorgensen, Editor
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Book review

*time use studies in psychopharmacology: theme of drugs in psychiatry*


This is an exciting and unusual book in that it consists of a series of case histories that cover the uses and side-effects of psychototics, antidepressants and antimanic drugs with additional consideration of the management of self-injurious behaviour and the management of behavioural problems in mentia. Each of the 23 short chapters consists of a short snippet that describes the clinical history of a patient, the drug treatment and the complications that arise in the management of the patient. With two exceptions, the 13 contributors are pharmacists, and this undoubtedly adds to the clinical value of the book because it enables a broad picture of the essential material to be presented against the background of the pharmacological strategies that have been developed to treat the individual case. In addition, the nature and possible cause of the e-effects of the drugs used are described, with a most useful summary of the pharmacokinetic aspects of the subject, which serves to emphasize the practical applications of the subject to therapeutic treatment.

The book starts with a chapter on the treatment of schizophrenia (including a very useful discussion of the treatment of psychosis in pregnancy, breast-feeding and epilepsy), two chapters on anxiety disorders, five chapters devoted to the treatment of depression (including a valuable chapter on the management of the epileptic patient with depression), followed by five chapters on the management of bipolar disorder. The final two chapters are concerned with self-injurious behaviour and the management of patients with learning difficulties and the management of behavioural problems in dementia.

This is a small handbook that I would thoroughly recommend to all practising psychiatrists and those undergoing training in the mental health area. My only concern is the price. Nearly £20 for a paperback pocket-size book of less than 200 pages seems excessive even by present standards, particularly as this could be a bestseller if appropriately promoted by the publisher.

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